PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

and CORRESPONDENCE ADDRESS INDICATION FORM

Act of 1995, no persons are re	quired to respond to a collection of info	rmation unless it displays a valid OMB control number.			
Application Number 10/719,033 Application Number 10/719,033 Filing Date November 21, 2003 First Named Inventor Christopher Gerding Title Arcade Style Video Game Art Unit 3713 Examiner Name John M. Hotaling Attorney Docket Number Quasi001	Application Number	10/719,033			
	November 21, 2003				
	First Named Inventor	Christopher Gerding			
	Arcade Style Video Game				
	Art Unit	3713			
N FURIN	Examiner Name	John M. Hotaling			
	Attorney Docket Number	Quasi001			

I hereby appoint:								
Practitioners associated	with the Customer Number:							
OR								
Practitioner(s) named below:								
	Name			Registration Number				
Peter R. Martinez			42,845					
as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application identified a erewith.	bove, and to tra	ansact all busines	s in the Un	ited States Patent and			
Please recognize or change the	e correspondence address for the above-io	dentified applic	ation to:					
The address associate	ed with the above-mentioned Customer N	umber:						
OR								
The address associate	ed with Customer Number:							
OR	.							
Firm or Individual Name	Peter R. Martinez							
Address	P. O. BOX 131313							
Address								
City	CARLSBAD	State	CALIFORNIA	Zip	92013			
Country	UNITED STATES	·						
Telephone	858.449.0612	Fax						
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name CHRISTOPHER G	ERPING							
Signature Multiple S								
Date OCTOBER 27, 2005			Telephone	Telephone 888.400.5774				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of forms are submitted.								

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/82 (09-03) Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS

spond to a collection of information unles	s it displays a valid OMB control number.			
Application Number	10/719,033			
Filing Date	November 21, 2003			
First Named Inventor	Christopher Gerding			
Art Unit	3713			
Examiner Name	John M. Hotaling			
Attorney Docket Number	Quasi001			

I hereby re	I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.								
OR I hereby appoint the practitioners associated with the Customer Number:								
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:								
Firm o	r lual Name	PETER MARTINEZ						
Address	ida Haiiio	P. O. BOX 131313						
Address	"							
City		CARLSBAD	(State	CALIF	ORNIA	Zip	92013
Country		UNITED STATES						
Telephone		858.449.0612 Fax						
I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name	CHRISTOPHER	GERDING						
Signature	iture (Krus) Chr. (2)							
Date	OCTOBER 27, 2	005	T	elepho	ne	888.400.5774		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total	*Total offorms are submitted.							

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.